

Transcript Request

THE ACADEMY WILL RELEASE TRAINING RECORDS AND TRANSCRIPTS ONLY UPON PROPER COMPLETION OF THIS FORM. RECORDS AND TRANSCRIPTS WILL BE MAILED TO THE LOCATION SPECIFIED BELOW. ALL REQUESTED INFORMATION MUST BE COMPLETED.

STUDENT REQUESTOR:

NAME: _____

ADDRESS: _____ APT #: _____

CITY: _____ STATE: _____ ZIP: _____

COURSE NAME: _____

COURSES ATTENDED BETWEEN (DATES/YEARS): _____

SOCIAL SECURITY NUMBER: _____

WORK PHONE: () _____ HOME PHONE: () _____

SEND RECORDS/TRANSCRIPTS TO:

COLLEGE/UNIVERSITY/AGENCY NAME: _____

ATTENTION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

REQUESTOR'S SIGNATURE: _____

SPECIAL NOTE TO REQUESTOR: It is the responsibility of the requestor to accurately and completely fill out the requested information. All requested information must be signed by the student and can not be requested by the department, college or university.

Mail completed requests to : TN Fire Service and Codes Enforcement Academy
ATTN: Registrar
2161 Unionville-Deason Road
Bell Buckle, TN 37020

Or fax completed request to: 931.294.4121